

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12119	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name LUIGI BATTAGUERI P.O. Box, Bldg., Room No., if any Street 15403 Club Course DR City BATH State MI ZIP Code + 4 48808	4. Name, file number, and address of labor organization. Name MICHIGAN EDUCATION ASSOCIATION Labor Organization File Number 512-840 P.O. Box, Building and Room Number, if any P.O. Box 2573 Street 1216 Kendale Blvd. City East Lansing State Michigan ZIP Code + 4 48826-2573
5. Position in labor organization.	

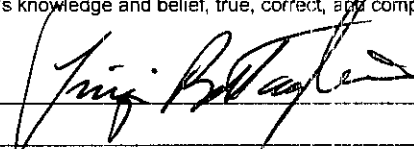
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

3-27-06

Date

517-420-7776

Telephone Number

Name of Person Filing <b>LUIGI BATTAGLIERI</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>DELTA DENTAL PLAN of MICHIGAN</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. Box 30416</b></p> <p>Street</p> <p>City <b>Lansing</b></p> <p>State <b>Michigan</b> ZIP Code + 4 <b>48909-7916</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name <b>MICHIGAN EDUCATION SPECIAL SERVICES ASSOCIATION</b></p> <p>Trade Name, if any: <b>MESSA</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1475 Kendeale Blvd.</b></p> <p>City <b>East Lansing</b></p> <p>State <b>Michigan</b> ZIP Code + 4 <b>48823-2560</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>MESSA is a Third Party Administrator (see attached for dollar value)</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>6,873.41</b></p>
	<p>12.a. Nature of interest held or income received</p> <p><b>I serve on the Delta Dental Bd. of Directors. Income is in the form of a monthly retainer and for meetings attended</b></p>
	<p>12.b. Amount. <b>18,300</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

**LM-30 Report for Lu Battaglieri--2005**

[illegible]